

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6314  
1522  
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6314 1522	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2005 Arsenal St.				d. STREET ADDRESS (If rural, give location) 2005 Arsenal St.			
3. NAME OF DECEASED (Type or Print) Jacob		a. (First)		b. (Middle) Heun		c. (Last)	
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED <input checked="" type="checkbox"/> (Specify)		8. DATE OF BIRTH June 29, 1855	
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Retired		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Wilhelm Heun		13b. MOTHER'S MAIDEN NAME Maria Anna Wolf		14. NAME OF HUSBAND OR WIFE Anna Heun		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Dora Heun		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 2-10, 1950, to 2-13, 1950, that I last saw the deceased alive on 2-12, 1950, and that death occurred at 3:30P m., from the causes and on the date stated above.		23a. SIGNATURE Julius Ch. 1	
23b. ADDRESS 2603 Chester St.		23c. DATE SIGNED 2/14/50.		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/16/50	
24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons Und. Co.		25. ADDRESS 2630 Gravois Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by\_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Robert T. Leikin*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.